

11/13  
AG

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | AG       |        | 10/13/00 |
| O.I.P.E. CLASSIFIER       |          | 45     | 10/19/00 |
| FORMALITY REVIEW          | SK       | 71809  | 11/18/00 |
| RESPONSE FORMALITY REVIEW |          |        |          |

INDEX OF CLAIMS

..... Rejected N ..... Non-elected  
..... Allowed I ..... Interference  
(Through numeral)..... Canceled A ..... Appeal  
..... Restricted O ..... Objected

| Claim    | Date     |
|----------|----------|
| Final    |          |
| Original |          |
| 1        | 10/13/00 |
| 2        | 10/13/00 |
| 3        | 10/13/00 |
| 4        | 10/13/00 |
| 5        | 10/13/00 |
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| 7        | 10/13/00 |
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| Claim    | Date     |
|----------|----------|
| Final    |          |
| Original |          |
| 51       | 10/13/00 |
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| 100      | 10/13/00 |

| Claim    | Date     |
|----------|----------|
| Final    |          |
| Original |          |
| 101      | 10/13/00 |
| 102      | 10/13/00 |
| 103      | 10/13/00 |
| 104      | 10/13/00 |
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| 147      | 10/13/00 |
| 148      | 10/13/00 |
| 149      | 10/13/00 |
| 150      | 10/13/00 |

If more than 150 claims or 10 actions  
staple additional sheet here

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